

AIS 2005 Coding

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St Vincent Healthcare

Head – Neck – Face

AIS 2005 Coding

- How do you find your injuries?
- History and physicals and discharge summary
- Consults
- Operative reports
- Radiology reports
- Autopsy reports
- Coders

NTDS Data Dictionary 2011

INJURY DIAGNOSES

Data Format [combo] multiple-choice *National Element*

Definition

Diagnoses related to all identified injuries.

Field Values

Injury diagnoses as defined by (ICD-9-CM) codes (code range: 800-959.9).

The maximum number of diagnoses that may be reported for an individual patient is 50.

Additional Information

ICD-9-CM codes pertaining to other medical conditions (e.g., CVA, MI, co-morbidities, etc.) may also be included in this field.

Used to auto-generate additional calculated fields: Abbreviated Injury Scale (six body regions) and Injury Severity Score.

Data Source Hierarchy

1. Hospital Discharge Summary
2. Billing Sheet / Medical Records Coding Summary Sheet
3. Trauma Flow Sheet
4. ER and ICU Records

Blood Loss

- Indicator of injury severity
- 20% blood loss by volume is used
- General rule 1000cc blood loss = 20% in average adult

Wt. Lbs.	Wt. KGs	20% blood loss/cc
220	100	1500
165	75	1125
110	50	750
55	25	375
22	10	150
11	5	75

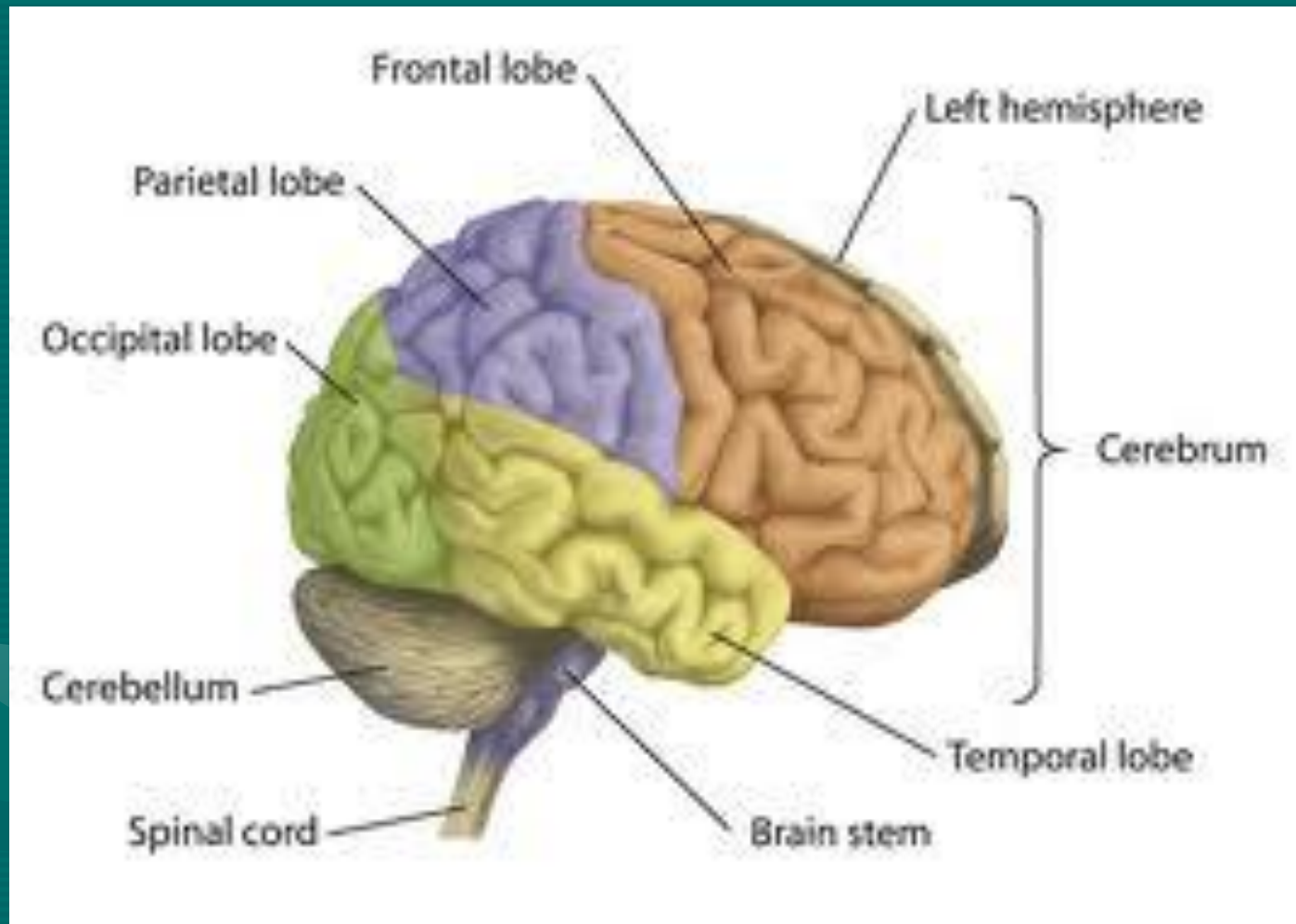
HEAD

- Brain- Changes to the injury descriptors include finer discrimination of size of contusions, hematomas, lacerations and penetrating injuries.
- Concussive section has been replaced with contemporary neurotrauma diagnostic terminology.
- Detailed discussion of diffuse axonal injury for accurate coding.
- Description of the differences between swelling and edema.

HEAD

- Diffuse Axonal Injury (DAI): Must have both clinical observations and imaging validation to code. See page 50 for more information.
- Internal Organs: injuries to internal organs must be verified by CT, MRI, surgery, x-ray, angiography or autopsy.
- Cerebellum: use only if cerebellum, infratentorial or posterior fossa are named. Otherwise, code under cerebrum.

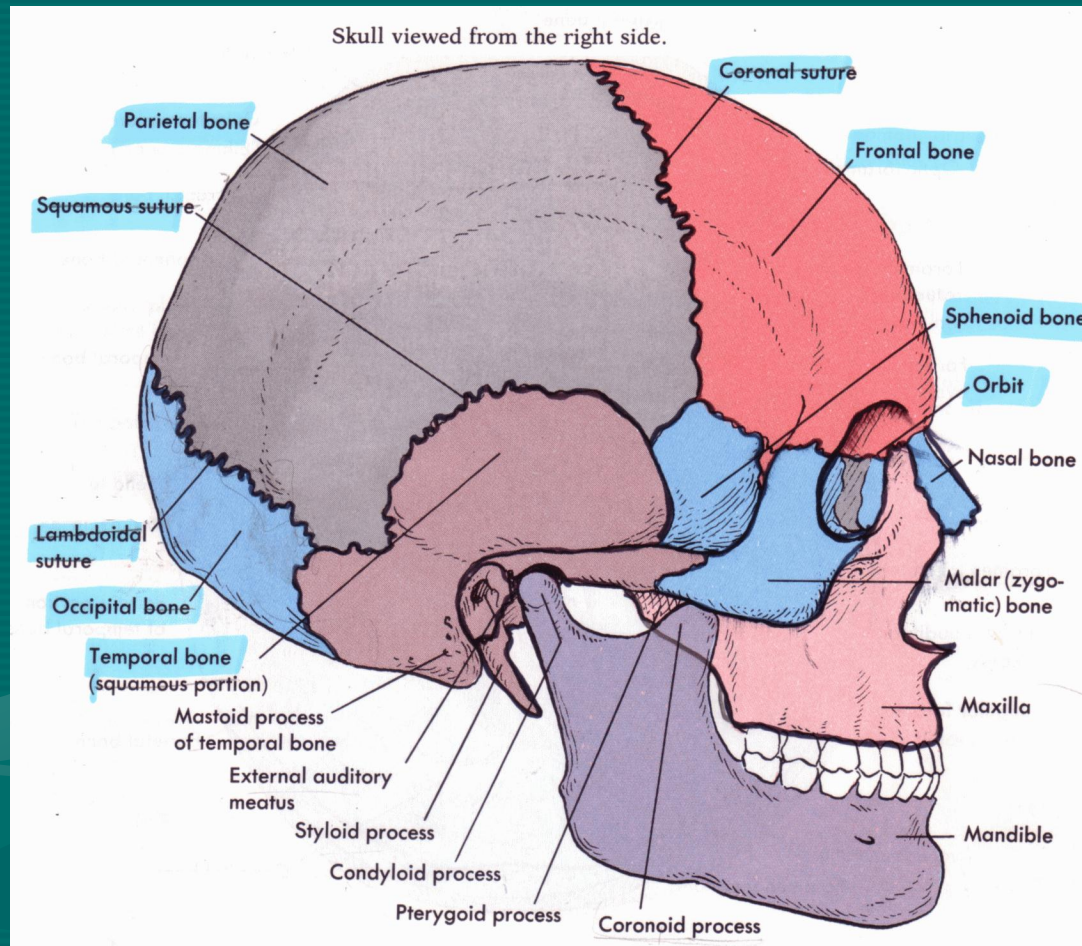
HEAD



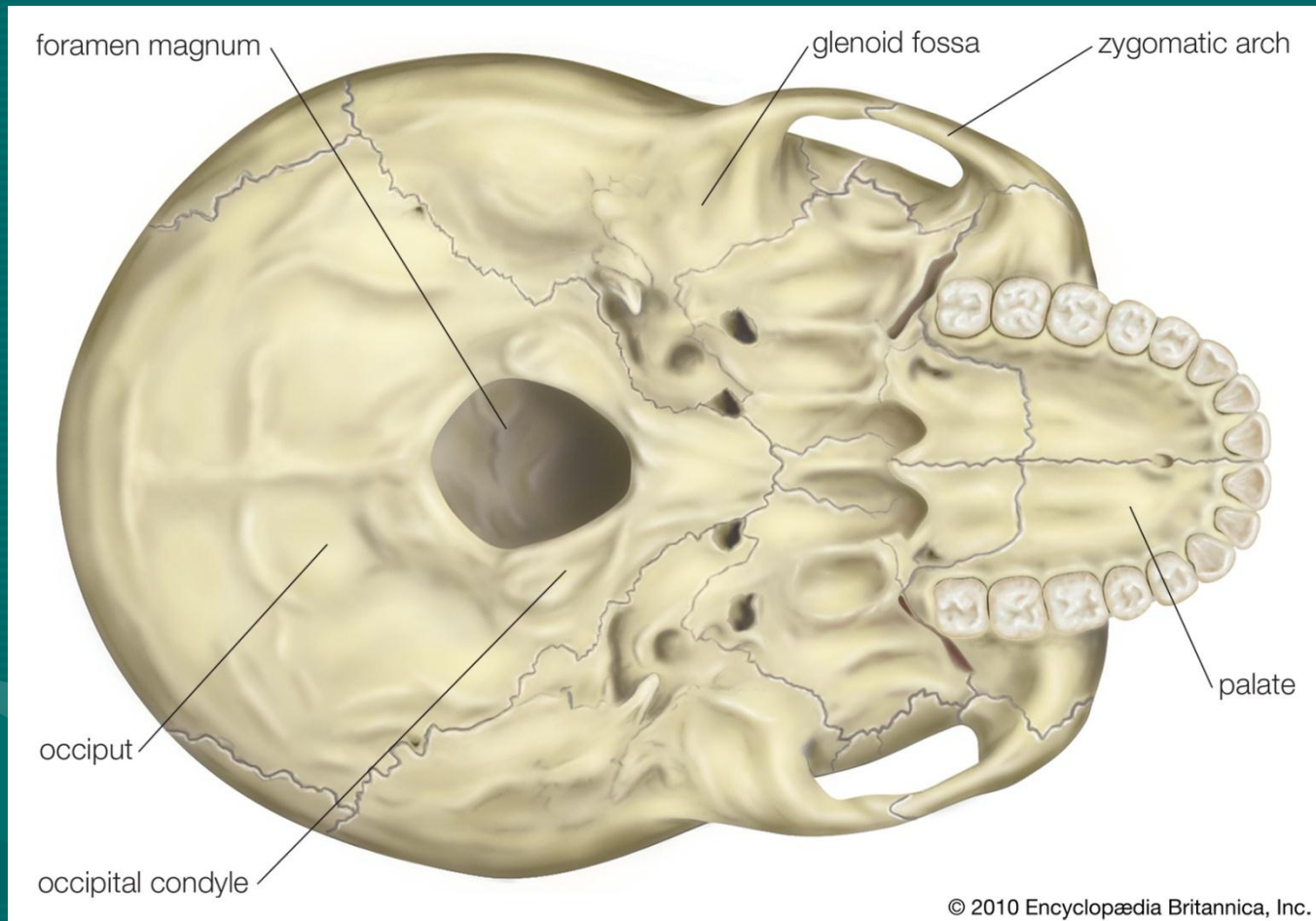
Head

- Skeletal: Skull fractures are divided into base and vault.
- Skull base or basilar fractures include:
 - Orbital roof, ethmoid, sphenoid, basilar process of occipital bone.
- Skull vault includes the following bones:
 - Frontal, occipital, parietal and temporal.

HEAD



HEAD

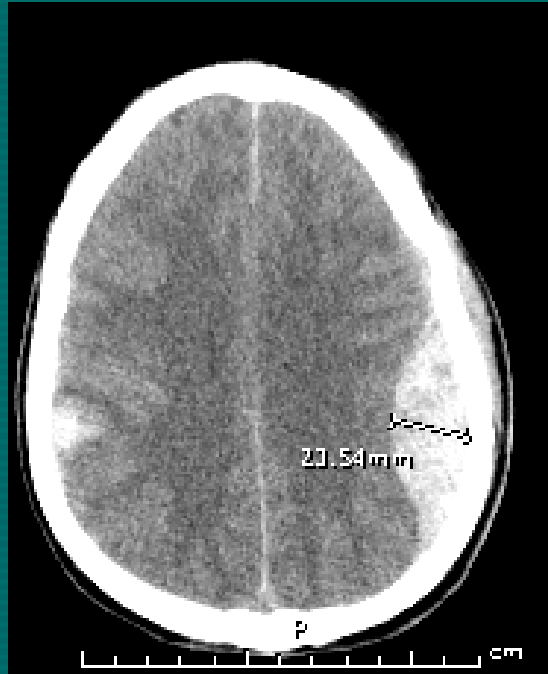
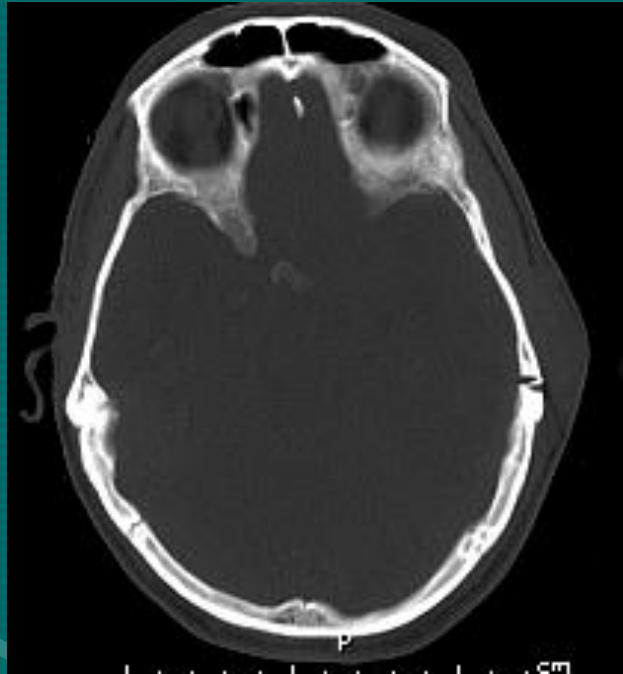


HEAD

62y MVC positive LOC Head CT demonstrated diffuse punctate small tiny contusions. All these hemorrhages are very tiny and consistent with a shear diffuse axonal injury.

20y MVC: Increase attenuation in the right lentiform nucleus as well as the posterior aspect of the corpus callosum. Additional questionable focus in the left occipital lobe. Findings are concerning for shear injury. This type of injury can be associated with diffuse axonal injury.

Head

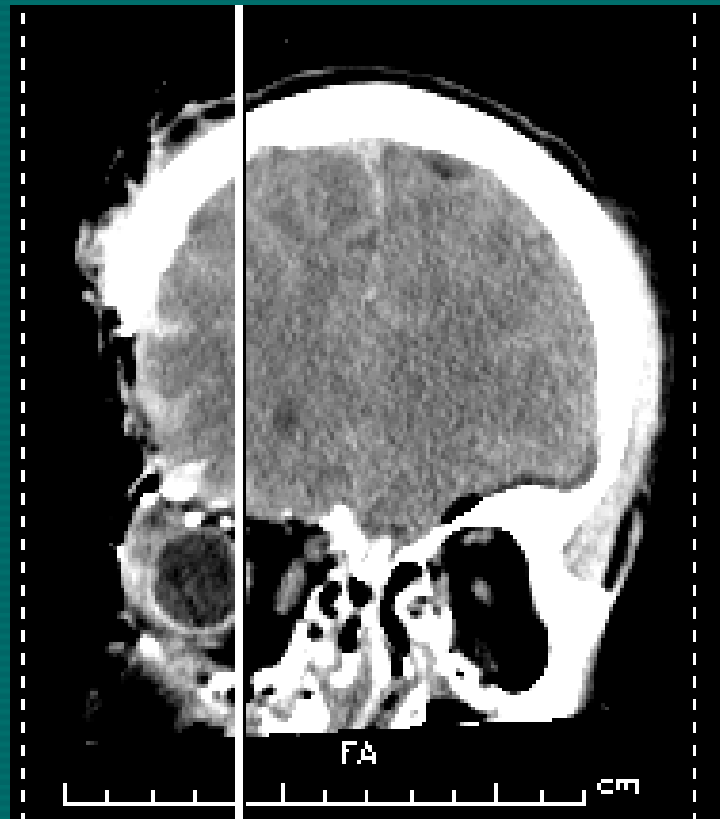


Skull fracture and epidural hematoma

HEAD

32 y MCC, no helmet. Traumatically absent segment of scalp, traumatic craniectomy with exposed brain and frontal sinus. Lateral and superior orbital rim missing. Complex nasoethmoid fracture, complex maxillary zygomatic fracture.

CT HEAD BKA





Trauma Collector

Demographics Prehospital Referring Facility Arrival/Admission Filters Procedures Outcome Dx Custom

Injury Narrative Coding Section Non-Trauma Dx

Coding Module

AIS Version AIS 2005

ISS 38

TRISS

	ICD-9		AIS		ISS Body Region
1)	805.2	Fx dorsal vertebra, closed	650432	2	3
2)	800.90	Open skull vault fx with intracranial injury	150406	4	1
3)	852.20	SDH closed	140656	5	1
4)	802.9	Fx facial bone NEC, open	251206	2	2
5)	802.4	Fx malar/maxillary, closed	251814	2	2
6)	802.0	Nasal bone fx, closed	251006	2	2
7)	801.50	Open skull base fracture	150206	4	1
8)	805.2	Fx dorsal vertebra, closed	650434	3	3
9)	805.2	Fx dorsal vertebra, closed	650432	2	3
10)	807.01	Rib fx closed, one rib	450201	1	3
11)	815.00	Fx of metacarpal bone closed NFS	752000	2	5
12)	813.40	Fx of radius or ulna distal end closed	752311	2	5
13)	813.43	Fx of ulna distal end closed	752313	2	5
14)	822.0	Fx patella closed	854501	2	5

✓ Check

Coding Module

NIDS

Save

Save and Exit

✕ Close

◀ Prev

Next ▶

Trauma Number: 20100173

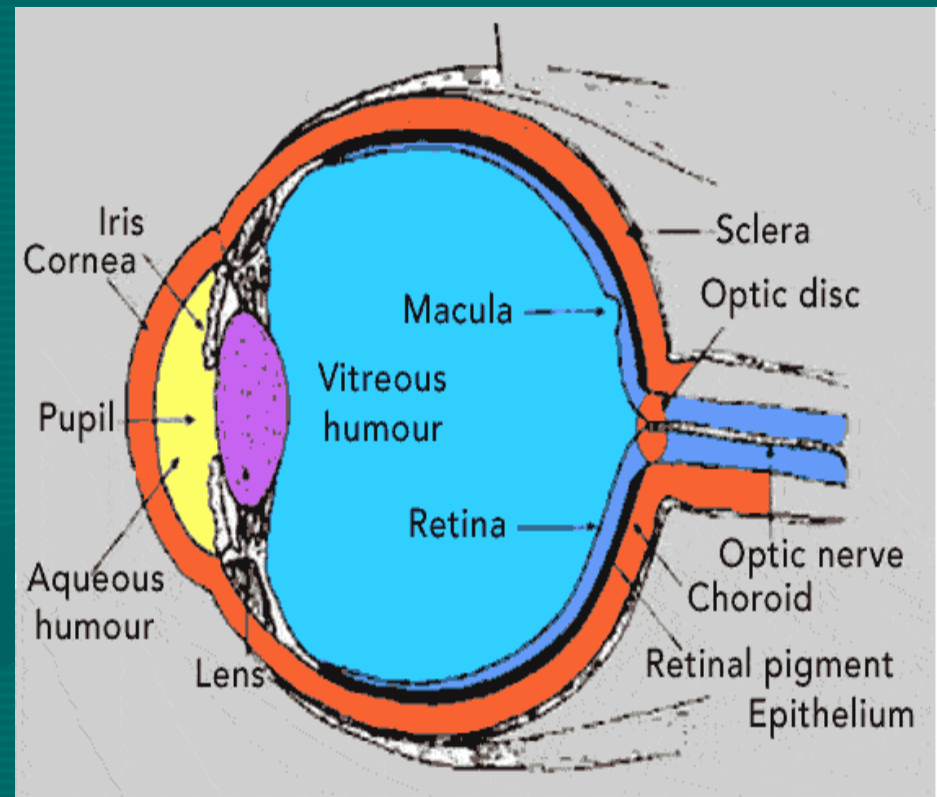
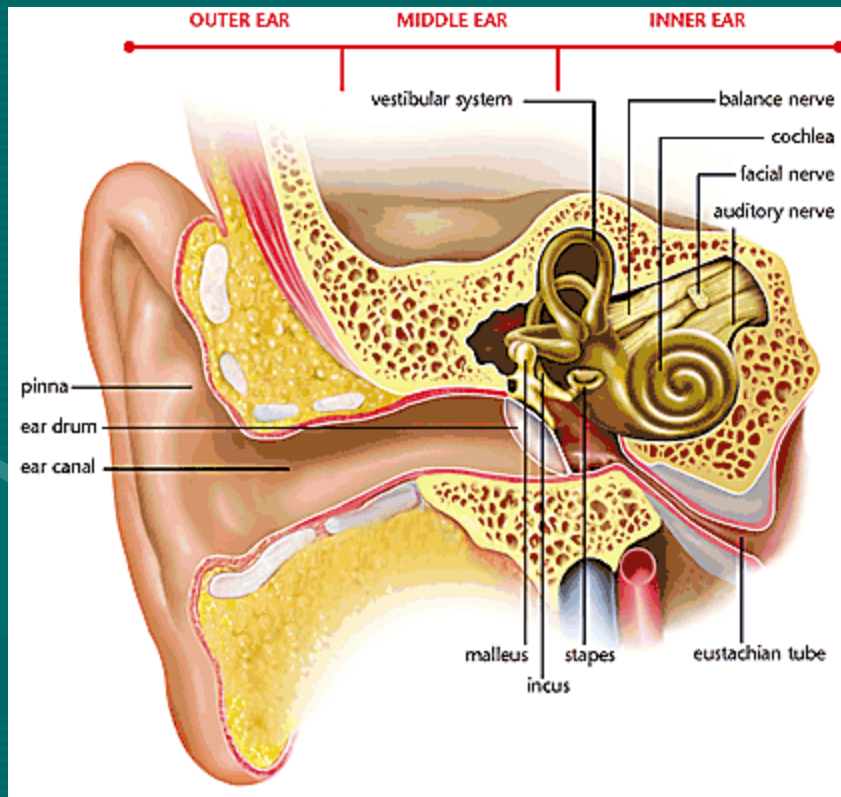
Arrival Date: 6/27/2010

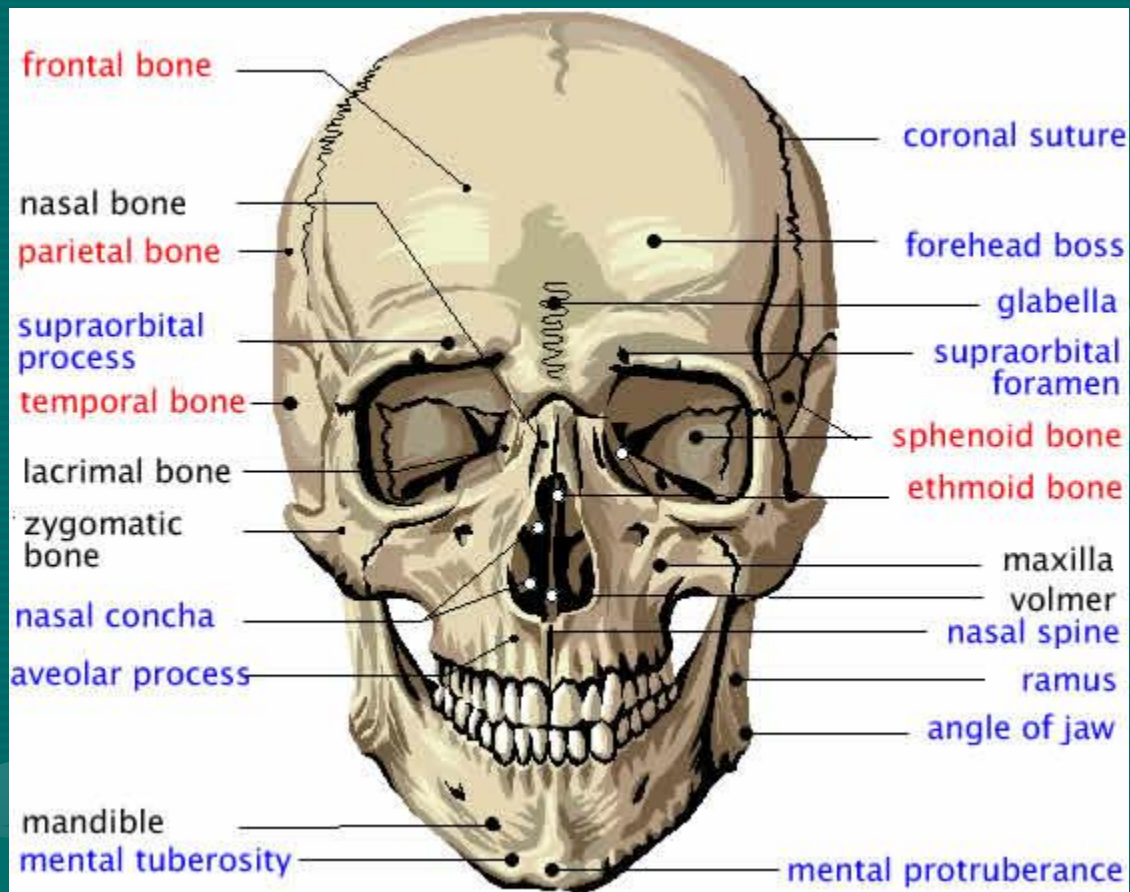
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FACE

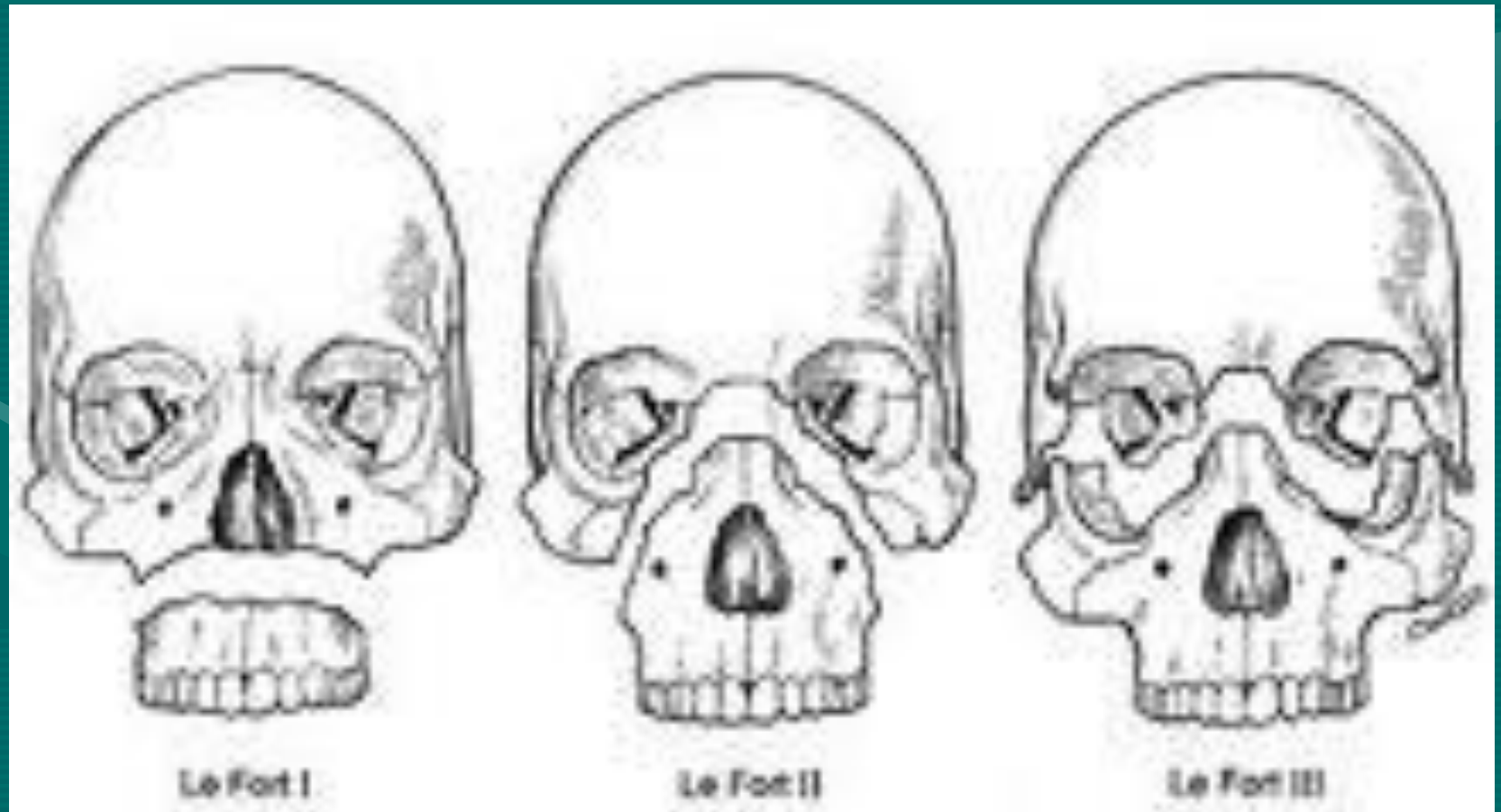
- Injury descriptions for the eye, its bony orbit, and certain facial fractures have been significantly expanded.
- This section includes eye and ear injuries.
- Vessels and nerves are limited to the external carotid branches and the optic nerve.
- Skin, subcutaneous, muscle injuries to the face are included also.

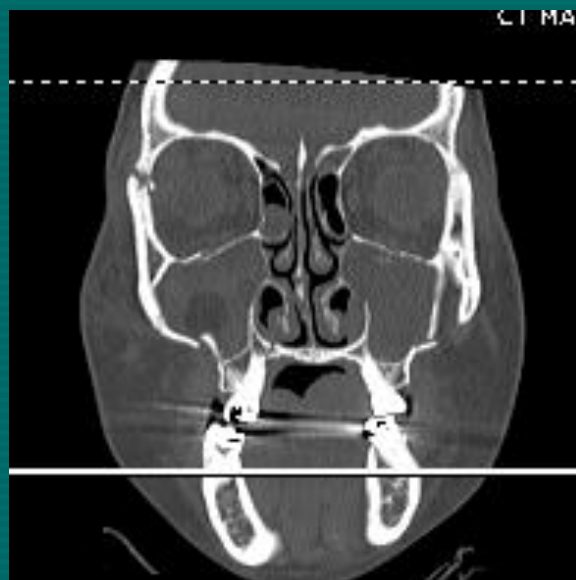
FACE

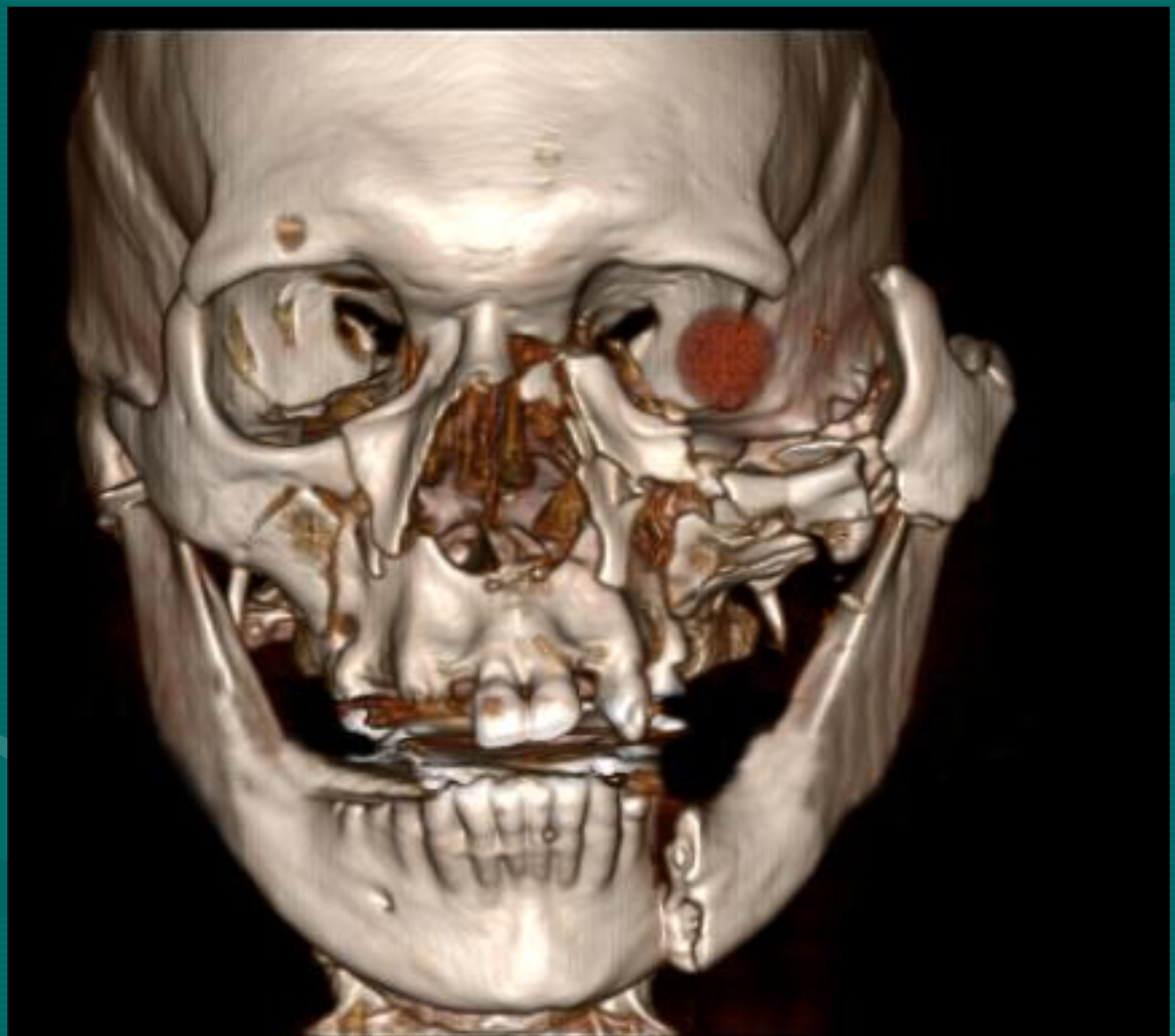




FACE







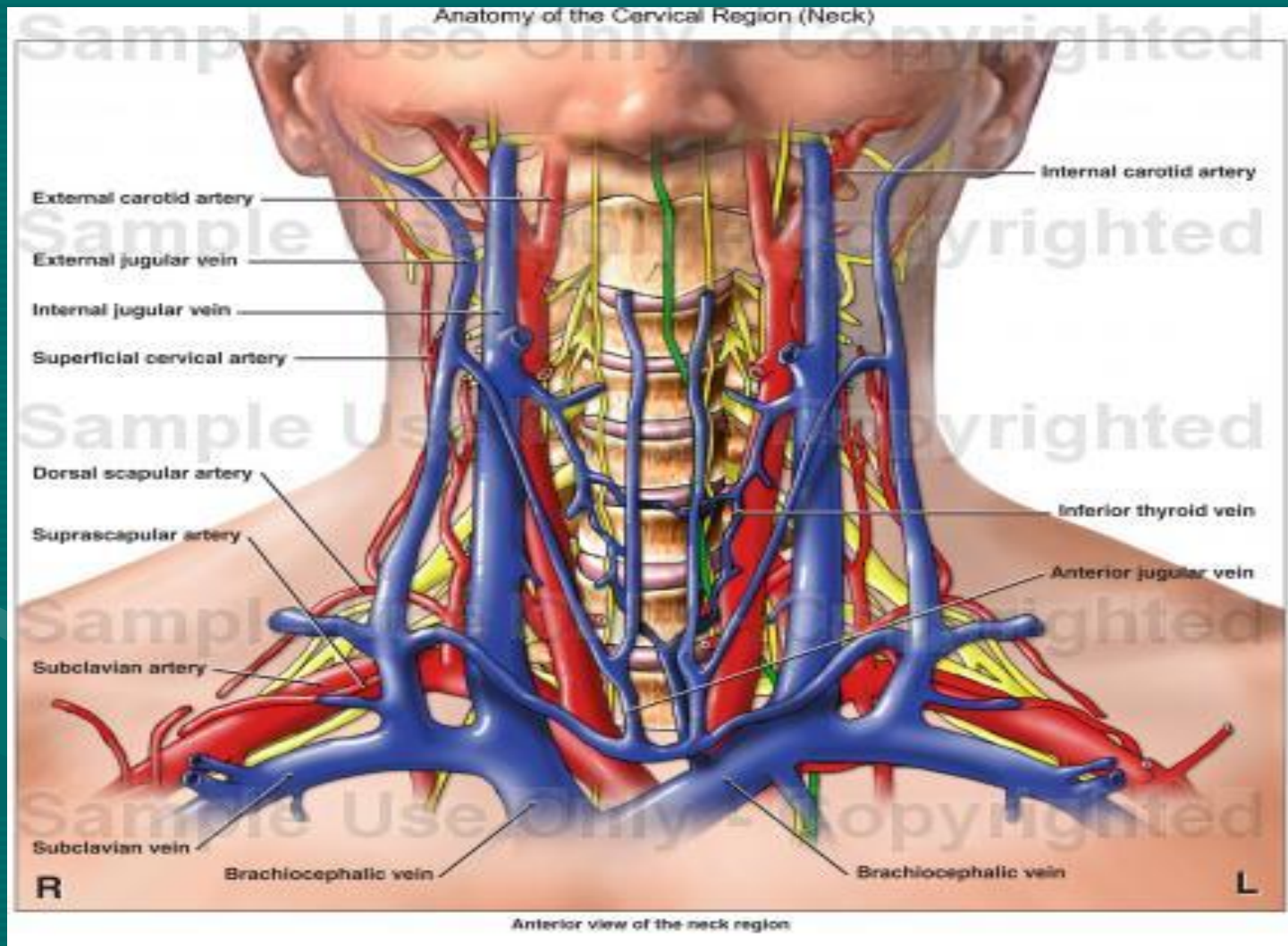
FACE

- Most of the facial trauma seen is to the bones or skin. With severe orbital fractures make sure that you are looking for eye injuries. A clue to these is if there was an ophthalmologist consult.
- Mandible and maxillary fractures can also include injuries inside the mouth. The best place to find documentation of these injuries is from the oral/plastic surgeon op note.

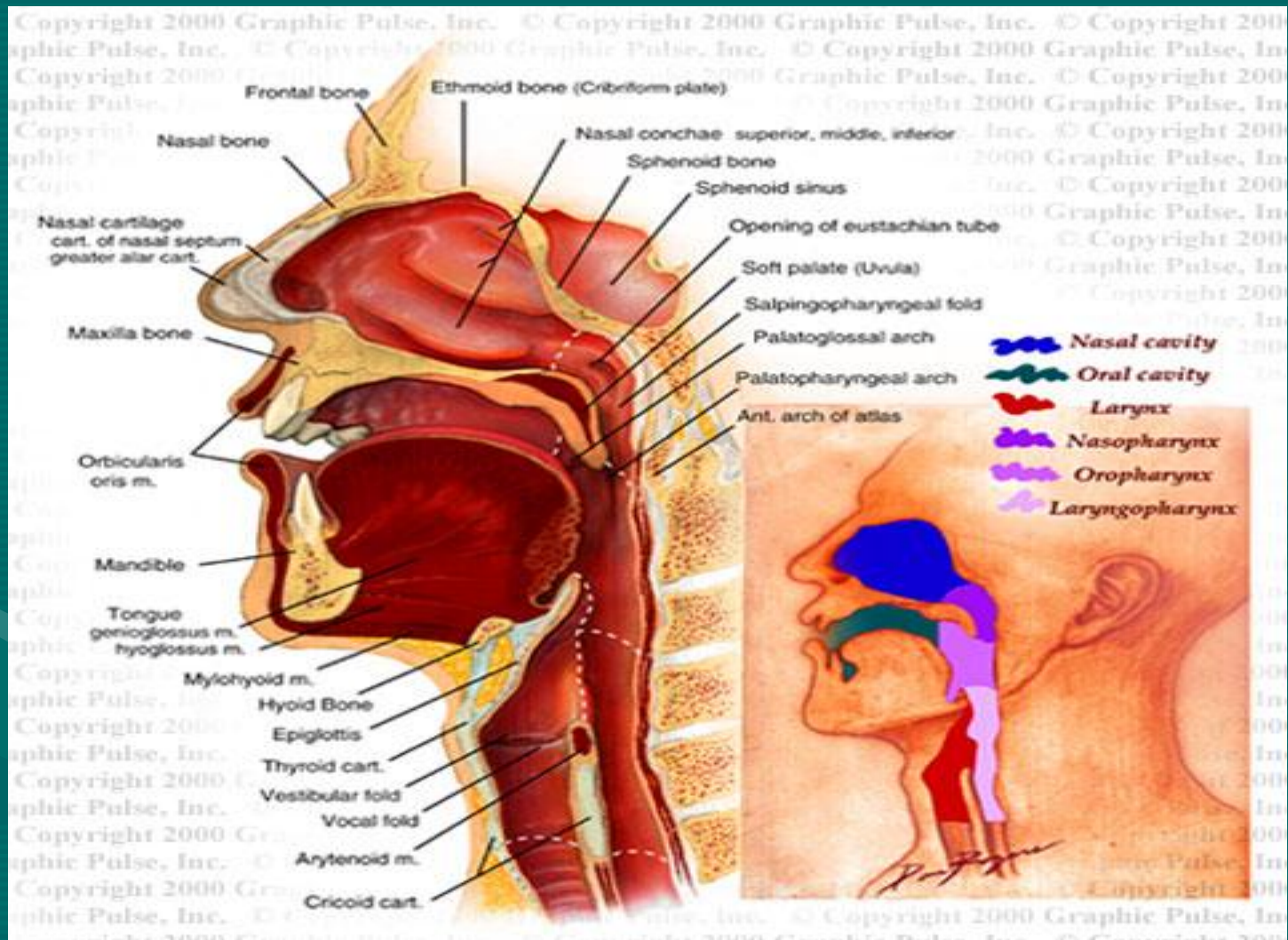
NECK

- Decapitation
- Penetrating
- Vessels
- Internal organs
 - Esophagus
 - Larynx
 - Pharynx
 - Trachea
 - Thyroid and Salivary glands
 - Vocal cords

NECK



NECK



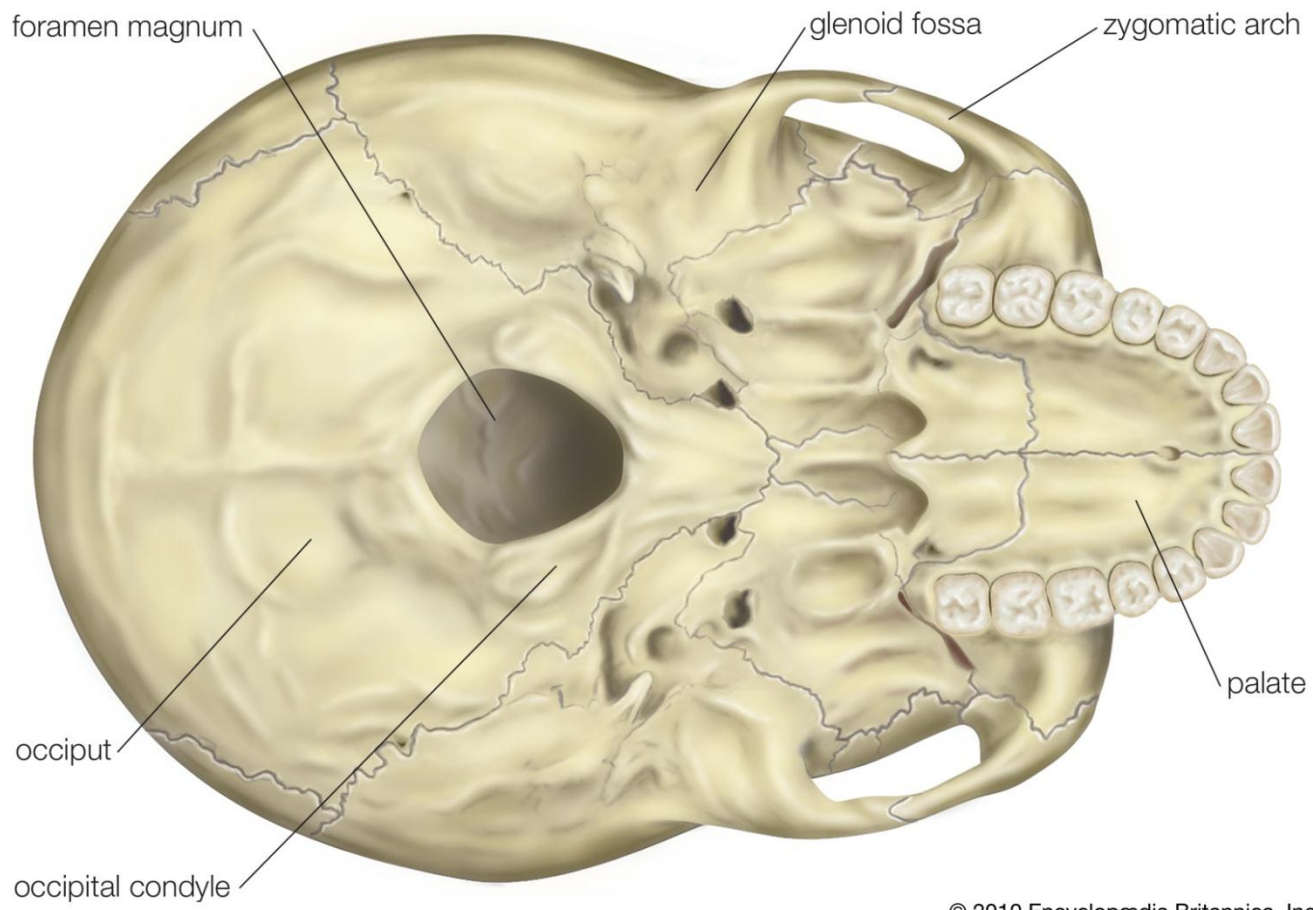
NECK

- Stabbing, GSW, and hangings can all cause neck injuries.
- Remember neck does not equal spine. No bones here.
- Look for CT angiograms for vessel injuries.

Question

- Is an occipital condyle fracture a skull or spine fracture?





Answer

- It can be both.
- Type I occur as an impacted fracture
- Type II occur as part of a basilar skull fracture and are usually stable.
- Type III tear drop fractures with ligament involvement are considered unstable.

